

## Spa Disclaimer

Name:

Answering all health questions is important in order that your choice of services can be administered accordingly.

Do you suffer any of the following conditions

Skin Conditions	Yes	No
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Eczema or psoriasis	.....	.....
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Bruising	.....	.....
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Other Skin conditions, list	.....	.....
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Muscles

Upper Back	.....	.....
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Mid Back	.....	.....
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Low Back	.....	.....
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Joints

Do you have any surgical pin or wire? ..... .....

If yes where? .....

Female Specifics

Are you pregnant? ..... .....

Pregnancy stage ..... .....

Do you have any chronic illness? ..... .....

Are you on Retina? ..... .....

Are you using any product with Alpha Hydroxyl Acids? ..... .....

Are you on any medication we should be aware of? ..... .....

Further information:

Technicians observations:

I declare that the answers and any further information I have given above are complete and that I have not withheld disclosure of any information regarding my past or present mental, physical, emotional or other state or condition which has affected or might affect me and which reasonably affect the decision to permit me to do services. I also declare that I accept and agree that each of those answers is material and would affect that decision.

I HEARBY WAIVE ALL RIGHTS AND CAUSES OF ACTION OF WHATEVER NATURE WHICH I OR MY PERSONAL REPRESENTATIVES OR DEPENDANTS MAY HAVE AGAINST UNIQUE BODY CARE. ALL LIABILITIES ARISING FROM OR IN CONNECTION WITH ANY PERSONAL INJURY (INCLUDING INJURY RESULTING IN DEATH) WHICH I MAY SUFFER AS A RESULT OF OR IN CONNECTION WITH MY USE OF THE SPA, MY PRESENCE IN THE AREA OF THE SPA OR IN RELATION TO THE SPA, OR WHICH MAY IN ANY WAY BE ATTRIBUTABLE TO TREATMENTS ORGANIZED AND CARRIED OUT AT OR IN RELATION TO THE SPA SAVE WHERE ANY SUCH INJURY OR DEATH IS AS A DIRECT RESULT OF NEGLIGENCE BY UNIQUE BODY CARE, ITS EMPLOYEES, AGENTS OR INDEPENDENT CONTRACTORS.

Client's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_